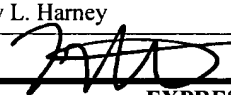
 <b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number		10/611,585	
		Filing Date		July 1, 2003	
		First Named Inventor		Kent Oertle	
		Group Art Unit		2819	
		Examiner Name		Don P. Le	
Total Number of Pages in This Submission		12	Attorney Docket Number		13693US01
<b>ENCLOSURES (check all that apply)</b>					
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO 1449/08A with references <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) (        sheets) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____		<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group ( <i>Appeal Notice, Brief, Reply Brief</i> ) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): RCE Return-receipt postcard	
Remarks					
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>					
Firm or Individual Name	McAndrews Held & Malloy, Ltd.				
Name (Print/type)	Timothy L. Harney	Registration No. (Attorney/Agent)	38,174		
Signature			Date: March 30, 2005		
<b>EXPRESS MAIL DEPOSIT</b>					
"Express Mail" mailing label number : EV640747676 US					
Date of Deposit March 30, 2005.					

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<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818).</b> <b>FEE TRANSMITTAL</b> <b>for FY 2005</b>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.101		Application Number	10/611,585
		Filing Date	July 1, 2003
		First Named Inventor	Kent Oertle
		Examiner Name	Don P. Le
		Art Unit	2819
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 790.00		Attorney Docket No.	13693US01

**METHOD OF PAYMENT** (check all that apply)

☒ Check 
 ☐ Credit Card 
 ☐ Money Order 
 ☐ None 
 ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

☐ Charge Fee(s) indicated below 
 ☐ Charge Fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fees(s) under 37 CFR 1.16 and 1.17 
 ☒ Credit any overpayments

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**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	Fee (\$)	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
		Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		

**2. EXCESS CLAIM FEES**

Fee Description	Small Entity Fee(\$)	Fee(\$)
Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims 21 -20 or HP Extra Claims 0 x Fee(\$) 50 = Fee Paid (\$) 0

HP = highest number of total claims paid for, if greater than 20

Indep. Claims 5 -3 or HP Extra Claims 0 x Fee(\$) 200 = Fee Paid (\$) 0

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid(\$)
-100	/50	(round up to a whole number)	x	=

**4. OTHER FEE(S)**

	Fee Paid(\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other: Request for Continued Examination	790.00

**SUBMITTED BY**

Signature	Registration No. (Attorney/Agent)	38,1745	Telephone	(312)775-8000
Name (print/type)	Timothy L. Halsey		Date	March 30, 2005